



Winter 2016 4th-8th Rec. Hoops

NON-TEMPE RESIDENTS ARE ALWAYS WELCOME

Photos may be taken during programs for City of Tempe Use

1st Day January 9th

1st Day Location: Kiwanis Recreation Center 6111 S. All American Way, Tempe, AZ

1st Day Times: 4th-5th Co. Rec. - 9am-11:00am, 6th-8th Girls 12:00pm-2:00pm, 6th-8th Boys 2:30pm-4:30pm

Players receive a reversible team jersey

An additional practice will be held during a weekday evening.

End of the season single elimination tournament.

League Locations:

Co. Rec. 4th-5th & Girls 6th-8th: 715 W. 5th St. Tempe, AZ

Boys 6th-8th: 2150 E. Orange St., Tempe, AZ

Easy to Register!

MAIL-IN OR DROP OFF Monday-Friday, 8 AM-5 PM

(Recreation Services 3500 S. Rural Rd. 2nd Floor)

FAX: 480-350-5058 (Debit or Credit payment only)

ON-LINE: www.tempe.gov/youthsports

(Debit or Credit payment only)

Program Dates:

Saturday Games January 16th - February 27th

Possible Game Times:

Co. Rec. 4th - 5th: 11:00am/12:00pm/1:00pm/2:00p

Boys 6th - 8th: 12:30pm/1:30pm/2:30pm/3:30pm

Girls 6th-8th: 2:00pm/3:00pm/4:00pm

Program Codes (Based on Fall 2015 Grade):

47680 = Co. Rec. 4th - 5th

47681 = Boys 6th - 8th

47682 = Girls 6th - 8th

Fee: \$89.00 Per Child **Scholarships available**

****MUST VERIFY ENROLLMENT IN STATE SUBSIDY PROGRAM
& BE A TEMPE RESIDENT OR CHILD ATTENDS A TEMPE SCHOOL**

Looking to Coach? We have volunteer positions available.

Questions regarding game times, or which skill level to have your child in, please contact:

Keyon Cornejo: 480-350-5222 or keyon_cornejo@tempe.gov

Early Bird Registration

December 7th-13th Fee: \$75.00

Please Keep
Top Portion for
future reference

Rec Hoops Registration Form

Winter 2016

Participant Name: _____ Date of Birth _____ Age _____ Sex _____

Address: _____ APT # _____ City _____ Zip _____

Phone: Eve _____ Day _____ School _____ Grade (Fall 2015) _____

Parent's Name: _____ Email: _____ Previous Participant: Y N

Coach/Friend Request: _____

Please Circle One: Co. Rec. 4th-5th: 47680 Boys 6th-8th: 47681 Girls 6th-8th: 47682

How did you hear about us? Library Brochure On-Line E-mail School Mail AZ Family Facebook

Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.

I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

/

REQUIRED: Parent or Legal Guardian Signature AND Printed Name

Date

Fee: \$ _____ Credit Card Number _____ -- -- -- -- Exp. Date: _____

Enclosed Check # _____ **OR** Signature Authorizing Charge to above number _____